

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22195 7590 09/27/2004

HUMAN GENOME SCIENCES INC
INTELLECTUAL PROPERTY DEPT.
14200 SHADY GROVE ROAD
ROCKVILLE, MD 20850

12/15/2004 SFELEKE2 00000231 083425 10057890

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,890	01/29/2002	Timothy A. Coleman	PF537	3639

TITLE OF INVENTION: SCAFFOLDED FUSION POLYPEPTIDES AND COMPOSITIONS AND METHODS FOR MAKING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1320 \$1400	\$300	\$1620 \$1700	12/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	435-325000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

HUMAN GENOME SCIENCES, INC.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HUMAN GENOME SCIENCES, INC.**ROCKVILLE, MD**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **08-3425** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

12/14/2004

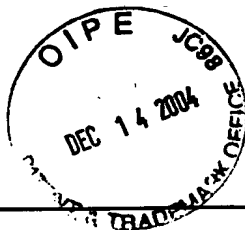
Typed or printed name **Mark J. Hyman**

Registration No.

46,789

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/___/04)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/057,890-Conf. #3639
Filing Date	January 29, 2002
First Named Inventor	Timothy A. Coleman
Examiner Name	C. J. Nichols
Art Unit	1647
Attorney Docket No.	PF537

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order
☒ Deposit Account ☐ None

Deposit
Account
Number

08-3425

Deposit
Account
Name

Human Genome Sciences,
Inc.

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): _____

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small	Fee Paid (\$)
Utility Filing Fee	300	150	_____
Design/Design CPA Filing Fee	200	100	_____
Plant Filing Fee	200	100	_____
Reissue Filing Fee	300	150	_____
Provisional Filing Fee	200	100	_____

1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	_____
Design Search Fee	100	50	_____
Plant Search Fee	300	150	_____
Reissue Search Fee	500	250	_____
Utility Examination Fee	200	100	_____
Design Examination Fee	130	65	_____
Plant Examination Fee	160	80	_____
Reissue Examination Fee	600	300	_____
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	_____

Subtotal (1) and (1a.) \$ 0.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 =	_____ x	_____ =	_____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 =	_____ x	_____ =	_____

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
_____	_____
Subtotal (2)	\$ 0.00

3. OTHER FEES

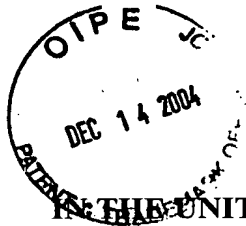
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	_____
2-month extension of time	450	225	_____
3-month extension of time	1020	510	_____
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	_____
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____

Other: _____

Subtotal (3) \$ 0.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,789	Telephone	(240) 314-1224
Name (Print/Type)	Mark J. Hyman	Date	12/14/2004		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Coleman et al.

Docket No.: PF537

Application No.: 10/057,890 – Conf. #3639

Group Art Unit: 1647

Filed: January 29, 2002

Examiner: C. Nichols

For: Scaffolded Fusion Polypeptides and
Compositions and Methods for Making the Same

ISSUE FEE TRANSMITTAL LETTER

Mail Stop Issue Fee

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

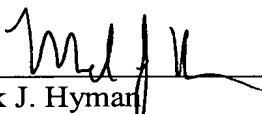
In response to the Notice of Allowance and Fee(s) Due mailed September 27, 2004, Applicants submit herewith:

1. a Fee Transmittal Sheet (in duplicate); and
2. Part B - Fee(s) Transmittal (PTOL-85), with appropriate fee(s) (in duplicate).

The U.S. Patent and Trademark Office is hereby authorized to charge any deficiency in the fees filed, or credit any overpayment, to our Deposit Account No. 08-3425.

Dated: December 14, 2004

Respectfully submitted,

By 
Mark J. Hyman

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MJH/ba